Deanxit dataset   `PID 386`

 Codebook ▾

📖 Data Dictionary Codebook   03/24/2022 9:34am

⌃ Collapse all instruments

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
	Instrument: **Deanxit DCS** (deanxit_dcs)		⌃ Collapse
1	record_id	Record ID	text
2	mrn	MRN	text, Required, Identifier
3	study_id	Study ID	text, Required
4	are_you_still_taking_deanx	are you still taking Deanxit?	yesno, Required 1 Yes 0 No
5	age	Age	text, Required
6	gender	Gender	radio, Required 1 Female 2 Male
7	marital_status	Marital Status	radio, Required 1 Married 2 Widowed 3 Divorced/Separated 4 Single
8	smoking	Smoking	radio, Required 1 Current Smoker 2 Ex-Smoker 3 None
9	alcohol	Alcohol	radio, Required 1 Daily 2 Frequently 3 Occasionally 4 None
10	other_substances	Other Substances	checkbox 1 other_substances___1 Opioids 2 other_substances___2 Ecstasy 3 other_substances___3 Marijuana 4 other_substances___4 Cocaine 5 other_substances___5 Heroin 6 other_substances___6 Other drugs of abuse
11	educational_level	Educational Level	radio, Required 1 None 2 School 3 Baccalaureate 4 Technical School 5 Undergraduate 6 Graduate

12	employment_status	Employment Status	radio, Required
			1 Student
			2 Employed
			3 Unemployed
			4 Retired
13	perceived_overall_health_o	Perceived overall health over the last year	radio, Required
			1 Excellent
			2 Very good
			3 Good
			4 Fair
			5 Poor
14	presence_of_chronic_diseas	Presence of chronic diseases	yesno, Required
			1 Yes
			0 No
15	list_of_chronic_diseases Show the field ONLY if: [presence_of_chronic_diseas] = '1'	List of chronic diseases	notes
16	other_medications	other medications	notes
17	guarantor	Guarantor	notes
18	do_you_have_any_psychiatri	Do you have any psychiatric diseases?	yesno, Required
			1 Yes
			0 No
19	seen_psychiatrist_or_family_p hycisian Show the field ONLY if: [do_you_have_any_psychiatri] = '1'	If you answered yes to the above question, have you ever seen a psychiatrist or family physician for these complaints?	yesno, Required 1 Yes 0 No
20	do_you_routinely_follow_up	Do you routinely follow up with a primary care physician?	yesno, Required
			1 Yes
			0 No
21	specialty_of_physician Show the field ONLY if: [do_you_routinely_follow_up] = '1'	If yes to the above question, what is her/his specialty?	text
22	how_long_did_you_take_benz	How long did you take deanxit for?	text, Required
23	often_use_deanxit	How often do you use deanxit?	radio, Required
			1 Rarely
			2 Occasionally
			3 Frequently
			4 Daily
			5 Multiple times daily
24	why_deanxit	Why do you use this medication?	checkbox, Required
			1 why_deanxit___1 To relax or get high
			2 why_deanxit___2 Insomnia
			3 why_deanxit___3 Anxiety or to relieve tension
			4 why_deanxit___4 Panic attack
			5 why_deanxit___5 Depression or low mood
			8 why_deanxit___8 Other
25	other_reasons_for_deanxit	other reasons for use	text, Required

26	how_learn_deanxit	How did you learn about deanxit?	checkbox, Required		
			1	how_learn_deanxit___1	From my physician
			2	how_learn_deanxit___2	From the pharmacist
			3	how_learn_deanxit___3	From my friends/family
			4	how_learn_deanxit___4	On my own
			5	how_learn_deanxit___5	Other
27	how_obtain_deanxit	How do you obtain deanxit ?	checkbox, Required		
			1	how_obtain_deanxit___1	From the pharmacist, with prescription.
			2	how_obtain_deanxit___2	From the pharmacist, without prescription.
			3	how_obtain_deanxit___3	From my friends/family
			4	how_obtain_deanxit___4	Samples from my physician
			5	how_obtain_deanxit___5	Other
28	other	other:	text, Required		

29	over_the_last_6_months_hav	medications co-used with deanxit ?	checkbox, Required		
			2	over_the_last_6_months_hav___2	Zolpidem (Stilnox
			3	over_the_last_6_months_hav___3	Magnesium Supplement
			4	over_the_last_6_months_hav___4	Muscerol
			5	over_the_last_6_months_hav___5	Atarax (Hydroxizine)
			6	over_the_last_6_months_hav___6	Benadryl (Diphenhydramin or Panadol night
			7	over_the_last_6_months_hav___7	Toplexil (Oxomezazine)
			8	over_the_last_6_months_hav___8	Promethazine (Rhinathiol Promethazine)
			9	over_the_last_6_months_hav___9	Xanax (Alprazolan
			10	over_the_last_6_months_hav___10	Alprox (Alprazolam)
			11	over_the_last_6_months_hav___11	Tranquinal (Alprazolam)
			12	over_the_last_6_months_hav___12	Anxyl (Bromazepam)
			13	over_the_last_6_months_hav___13	Lexotanil (Bromazepam)
			14	over_the_last_6_months_hav___14	Rivotril (Clonazepam)
			15	over_the_last_6_months_hav___15	Valium (Diazepam
			16	over_the_last_6_months_hav___16	Lorazepam (Lorazepam)
			17	over_the_last_6_months_hav___17	Bipax (Chlordiazepoxide
			18	over_the_last_6_months_hav___18	Ulcedex (Chlordiazepoxide
			19	over_the_last_6_months_hav___19	Librax (Chlordiazepoxide
			20	over_the_last_6_months_hav___20	Primax (Chlordiazepoxide
			21	over_the_last_6_months_hav___21	Psicodex (Chlordiazepoxide
			22	over_the_last_6_months_hav___22	Cipralex
			23	over_the_last_6_months_hav___23	zoloft
			24	over_the_last_6_months_hav___24	Maprotiline
			25	over_the_last_6_months_hav___25	depresix
			26	over_the_last_6_months_hav___26	prozac (fluoxetin
			27	over_the_last_6_months_hav___27	seroxat (paroxetine)
			28	over_the_last_6_months_hav___28	favarine (Fluvoxamine)
			29	over_the_last_6_months_hav___29	Brintellix (Vortioxetine
30	how_long_did_you_take_this_medication_for	How long did you take this medication for?	text, Required		

31	how_often_do_you_use_this_medication	How often do you use this medication	radio	
			1	Rarely
			2	Occasionally
			3	Frequently
			4	Daily
			5	Multiple times daily

32	why_do_you_use_this_medica_2	Why do you use this medication?	checkbox		
			1	why_do_you_use_this_medica_2___1	To relax or get high
			2	why_do_you_use_this_medica_2___2	Insomnia
			3	why_do_you_use_this_medica_2___3	Anxiety or to relieve tension
			4	why_do_you_use_this_medica_2___4	Panic attack
			5	why_do_you_use_this_medica_2___5	Depression or low mood
			6	why_do_you_use_this_medica_2___6	Epilepsy/seizures
			7	why_do_you_use_this_medica_2___7	Spasticity
			8	why_do_you_use_this_medica_2___8	Other

33	how_did_you_learn_about_th_2	How did you learn about these medications?	checkbox		
			1	how_did_you_learn_about_th_2___1	From my physician
			2	how_did_you_learn_about_th_2___2	From the pharmacist
			3	how_did_you_learn_about_th_2___3	From my friends/family
			4	how_did_you_learn_about_th_2___4	On my own
			5	how_did_you_learn_about_th_2___5	Other

34	how_do_you_obtain_these_me_2	How do you obtain these medications?	checkbox		
			1	how_do_you_obtain_these_me_2___1	From the pharmacist, with prescription.
			2	how_do_you_obtain_these_me_2___2	From the pharmacist, without prescription.
			3	how_do_you_obtain_these_me_2___3	From my friends/family
			4	how_do_you_obtain_these_me_2___4	Samples from my physician
			5	how_do_you_obtain_these_me_2___5	Other

35	other_2	other:	text	

36	i_know_what_my_medications_are_for	Section Header: *Perceptions about the deanxit medication* I am confident that I know what my medication are for	radio (Matrix)	
			1	Strongly disagree
			2	Disagree
			3	Neutral
			4	Agree
			5	Strongly agree

37	how_to_use_medication	I can confidently describe how to use my prescribed medication	radio (Matrix)	
			1	Strongly disagree
			2	Disagree
			3	Neutral
			4	Agree
			5	Strongly agree

38	when_to_use_medication	I can confidently describe when to use all of my prescribed medication	radio (Matrix)
			1 Strongly disagree
			2 Disagree
			3 Neutral
			4 Agree
			5 Strongly agree
39	not_to_take_with_benzo	I can name all the medications that I cannot take with Deanxit	radio (Matrix)
			1 Strongly disagree
			2 Disagree
			3 Neutral
			4 Agree
			5 Strongly agree
40	foods_beverages	I can name all the foods/beverages I cannot consume with Deanxit	radio (Matrix)
			1 Strongly disagree
			2 Disagree
			3 Neutral
			4 Agree
			5 Strongly agree
41	satisfied_about_explanation	If you had received your medication through a prescription from the doctor: I am satisfied with the overall explanation I received concerning Deanxit	radio (Matrix)
			1 Strongly disagree
			2 Disagree
			3 Neutral
			4 Agree
			5 Strongly agree
42	i_understand_side_effects	I understand all of the possible side effects of Deanxit	radio (Matrix)
			1 Strongly disagree
			2 Disagree
			3 Neutral
			4 Agree
			5 Strongly agree
43	may_become_addicted	I believe that there is a chance I might become addicted to Deanxit	radio (Matrix)
			1 Strongly disagree
			2 Disagree
			3 Neutral
			4 Agree
			5 Strongly agree
44	i_have_obtained_this_medication_without_prescription_from_a_doctor	I have obtained this medication without prescription from a doctor	yesno
			1 Yes
			0 No
45	i_have_obtained_this_medication_through_a_prescription_from_my_friend_family_member_who_is_a_doctor	I have obtained this medication through a prescription from my friend/ family member who is a doctor, but WITHOUT a medical indication	yesno
			1 Yes
			0 No
46	i_have_obtained_the_medica	I have obtained the medication through a prescription from my doctor for an indicated medical condition	yesno
			1 Yes
			0 No
47	i_have_used_this_medicatio Show the field ONLY if: [i_have_obtained_the_medica] = '1'	I have used this medication in greater amounts or doses than I was prescribed	yesno
			1 Yes
			0 No

48	more_often Show the field ONLY if: [i_have_obtained_the_medica] = '1'	I have used this medication more often than I was told to take	yesno 1 Yes 0 No
49	longer_duration Show the field ONLY if: [i_have_obtained_the_medica] = '1'	I have used this medication for a longer duration than I was told to take	yesno 1 Yes 0 No
50	other_reasons Show the field ONLY if: [i_have_obtained_the_medica] = '1'	I have used this medication for other reasons than for what it was initially prescribed for	yesno 1 Yes 0 No
51	need_to_increase	I have felt a need to increase the amount of the medication I use to get the same effect	yesno 1 Yes 0 No
52	not_producing_same_effect	I feel that the same amount of medication I always take is not producing the same effect anymore	yesno 1 Yes 0 No
53	i_feel_depressed_irritable	I feel depressed, irritable, tired or shaky whenever I'm not using this medication.	yesno 1 Yes 0 No
54	i_feel_better_once_i_retak Show the field ONLY if: [i_feel_depressed_irritable] = '1'	I feel better once I retake the medication.	yesno 1 Yes 0 No
55	i_sometimes_take_the_subst	I sometimes take the substance in larger amounts or over longer periods than I initially intended to	yesno 1 Yes 0 No
56	i_constantly_desire_or_hav	I constantly desire or have tried unsuccessfully to cut down or control my use of these medications	yesno 1 Yes 0 No
57	i_spend_a_lot_of_time_and	I spend a lot of time and make a lot of effort to acquire this medication, use it or recover from its effect	yesno 1 Yes 0 No
58	i_have_had_to_reduce_some	I have had to reduce some of my social or occupational activities because of the effects of this medication.	yesno 1 Yes 0 No
59	i_have_continued_using_thi	I have continued using this medication despite having a physical or psychological problem which is likely due to using it	yesno 1 Yes 0 No
60	deanxit_dcs_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete